

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

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**Applicant:** Mark W. Kroll

**Confirmation No.:** 5251

**Serial No.:** 10/782,684

**Examiner:** Deborah L. Malamud

**Filed:** 02/18/2004

**Art Unit:** 3766

**Docket No.:** A04P1016

**For:** SYSTEM AND METHOD FOR CONTROLLING THE RECORDING OF  
DIAGNOSTIC MEDICAL DATA IN AN IMPLANTABLE MEDICAL DEVICE

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**TRANSMITTAL LETTER, FEE AND CERTIFICATE OF TRANSMISSION**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

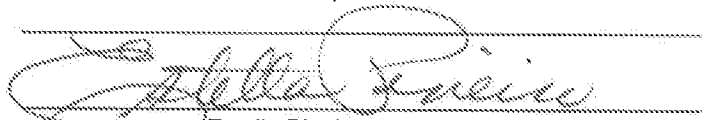
Submitted herewith for filing are the following documents:

- X Response to Restriction Requirement
- X Transmittal Letter, Fee and Cert. of Transmission

I hereby certify that this correspondence is being filed  
electronically on:

November 14, 2007

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Estella Pineiro

**PATENT**

CALCULATION OF FEES						
ITEM		NO. OF CLAIMS REMAINING AFTER AMENDMENT	NO. OF CLAIMS PREVIOUSLY PAID FOR	ADD'L CLAIMS FILED	LARGE ENTITY FEE	\$ FEE
A	TOTAL CLAIMS FEE	20	25	0	X \$ 50	\$ 0
B	INDEPENDENT CLAIMS FEE**	4	5	0	X \$200	0
C	MULTIPLE- DEPENDENT				X \$ 360	0
D	EXTENSION OF TIME FEE — 1-mon: \$120; 2-mon: \$450; 3-mon: \$1,020; 4-mon: \$1,590; 5-mon: \$2,160					0
E	ADDITIONAL FEES (i.e., Surcharge – Late Fee- Declaration; Petitions; Information Disclosure Statement; Terminal Disclaimer, etc.)  Specify:					0
F	<b>TOTAL ADDITIONAL FEE**</b> (ADD TOTALS FOR LINES A,B,C,D,and E)					\$0**

<u>X</u>	Charge Deposit Account No. <b>16-0068</b> the amount of	<b>\$0**</b>	<b>A copy of this letter is enclosed.</b>
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X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-0068

X Any additional filing fees required under 37 CFR 1.16.

X Any patent application processing fees under 37 CFR 1.17.


X The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 16-0068

X Any patent application processing fees under 37 CFR 1.17.

X Any filing fees under 37 CFR 1.16 for presentation of extra claims.

Respectfully submitted,

Date: 14 NOV 2007

  
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 818-493-3369

**CUSTOMER NUMBER: 36802**